Г	40071			2-D Ba Code	<del></del>		2007 TC-40 Fiscal Year
	9999						Form 8886
	Utah State Income Tax Dollars Fund Educ	ation •	2 Amended Return		Utah Individual	Income	
4 (	Soc. Sec. No. THOMAS 00005208 TESSIE 511 JONE 00005228 SOUTH JO	R D ATHAN PARK DR ORDAN	JOHNSON JOHNSON UT 84212		-	-	X if deceased
1	Filing Status - enter code  A = Single  B = Head of Household  C = Married filing jointly  D = Married filing separately  E = Qualifying widow(er)		from federal return		Election Campaigr C = Constituition D = Democrat R = Republican N = No contribution	Yourself  •  Does no	Spouse  Spouse  ot increase tax se refund
4 a	Federal adjusted gross income			• 4 a	77039.		
4 b	Additions to income from form T	C-40S, Part 1		4 b		4	77039.
5 a	State tax refund included on fed	eral form 1040		● 5 a			
5 b	Deductions from income from fo	rm TC-40S, Part 2		5 b		5	
6	Modified federal adjusted gros	ss income (subtract line 5	from line 4)		•	6	77039.
7	State income tax deducted as an	n itemized deduction on fede	eral form 1040, Sch. A		•	7	
8 9 a	Total adjusted income (add lines Standard or itemized deduction	s 6 and 7)		• 9 a	10700.	8	77039.
9 b	Personal exemptions deduction	(multiply \$2,550 by line 2e,	unless limited)	• 9 b	15300.		
9 c	One-half of the federal tax			• 9 c	3309.		
9 d	Retirement exemption/deduction	n - TC-40B. Check box(es) if	f age 65 or over	• 9 d	. •	TP	• SP
9 e	Other deductions from form TC-	40S, Part 3		9 e		9	29309.
<b>1 0</b> 1 1	<b>Utah taxable income</b> (subtract Enter "X" if you are a qualified ex			• 1 1	•	1 0	47730.
1 2	Traditional tax calculation (calcu	ılate tax on page 17)		• 1 2	3044.		
1 3 1 4	Flat tax rate calculation (multiply Utah income tax (enter the lesse		or UESP credit	•13	4122.	1 4	3044.
1 5	FOR NON OR PART-YEAR RES Box a - from Col. A, line 32				nresident • ome tax ratio	Part-ye (Line 14	ear resident x Box c)
L	• 77039.	/ • 77	039. =	100.00	000	1 5	3044.

	400	72		ome Tax Re		7							-40	Page 2
			Last name	JOHNSON	1						SS	N 4	00-00-	-5208
1 6	Enter ta	ax (full-	year resident,	enter tax from lir	ne 14 - non or pa	art-year res	ident,	enter ta	x from line 1	5)		1 6		3044.
1 7	Nonrefu	undable	e credits from f	orm TC-40S, Pa	irt 4							1 7		1363.
1 8	Subtrac	ct line 1	17 from line 16	(Note: if line 17	is greater than o	or equal to I	ine 16	, enter a	zero)			18		1681.
19	Contrib Code 0 1 0 2 0 3 0 5 0 8	Descri Utal Pan Kurt Sch	<u>ption</u> n Nongame Wi nela Atkinson H t Oscarson Chi	Homeless Trust I Idren's Organ Tr Ionprofit School	Fund ansplant Fund	• 1 • 1 • 1 ion • 1		0 5 0 5 0 5 0 5	<u>Amour</u>		0 2 0 3 0 4	1 9		150.
	0 9	Cat	& Dog Commu	unity Spay and N	leuter Program									
2 0	AMEN	DED RI	ETURNS ONL	Y - previous refu	nd							• 2 0		1000.
2 1	Recapt	ure of I	low-income ho	using credit								• 2 1		
2 2	Utah us	se tax										• 2 2		
2 3	Total ta	ax, use	e tax and addi	tions to tax (add	d lines 18 throug	gh 22)						23		2831.
2 4	UTAH <sup>-</sup>	ΓΑΧ W	THHELD (mus	st attach W-2s a	nd/or 1099 form	s)						• 2 4		
2 5	Credit f	or Utal	n income taxes	prepaid								• 2 5		3600.
2 6	AMEN	DED RI	ETURNS ONL	Y - previous pay	ments							• 2 6		
2 7	Refund	able cr	edits from form	n TC-40S, Part 5	i							27		2000.
2 8	Total w	ithhol	ding and cred	lits (add lines 24	through 27)							28		5600.
2 9	Tax Du	ıe - if liı	ne 23 is greate	r than line 28, su	ubtract line 28 fr	om line 23				Т	AX DU	<b>E</b> •29		•
3 0	Penalty	and ir	nterest						3 0		•			
3 1	Pay thi	s amo	unt (add lines	29 and 30)								3 1		•
3 2	Refund	l - if lin	e 28 is greater	than line 23, sul	otract line 23 fro	m line 28				R	EFUNI	• 3 2		2769.
3 3	Enter th	ne amo	ount of refund y	ou want applied	to your 2008 ta	xes		•	33		•			
3 4	• Routi			<b>EFUND.</b> Comple	ete information b  Account nun						Ac	ct type	checking •	savings •
Under SIGN HERE	l You	of perju	-	ne best of my know	=	his return and		npanying ouse's sig		lect my tr	ue tax st	atus.	Date	
Thir	rd Party	Name	of designee (if an	y) you authorize to	discuss this return	n	- 1	Des	signee's teleph	one num	ber	Designee	•	
	esignee Paid eparer's	Prepar	er's signature		Da	ate		Pre	eparer's telepho	one numb		PIN Preparer's SSN/PTIN	•	
	ection	Firm's	name and addres	SS								Preparer's	<b> •</b>	

**TC-40S** 

Page 2

SSN

Code		Code			
1	At-home parent	10	Recycling market development zone	• 01	100.
2	Qualified sheltered workshop - enter name below	11	Tutoring disabled dependents		
		1 2	Research activities	• 10	650.
3	Carryover of prior credit for energy systems	13	Research machinery/equipment		
5	Clean fuel vehicle	17	Tax paid to another state (attach TC-40A)	• 17	613.
6	Historic preservation	19	Live organ donation expenses		
7	Enterprise zone	2 1	Renewable residential energy systems	•	
8 (	Low-income housing				
	Total nonrefundable credits (add all nonrefundable cr	edits and	enter total here and on TC-40. line 17)	•	1363.
Part	Total nonrefundable credits (add all nonrefundable credits    5 - Refundable Credits (write the code and amoun			•	1363.
	5 - Refundable Credits (write the code and amoun		h refundable credit, see page 15)	•	1363.
ode	5 - Refundable Credits (write the code and amoun	nt of eac	h refundable credit, see page 15)	• 41	1363.
Code	5 - Refundable Credits (write the code and amount Renewable commercial energy systems	nt of eac	h refundable credit, see page 15)  Mineral production withholding	• 41	
Code 3 9 4 0	5 - Refundable Credits (write the code and amount Renewable commercial energy systems Targeted business tax credit	code	h refundable credit, see page 15)  Mineral production withholding Agricultural off-highway gas/undyed diesel	• 41	
Code 3 9 1 0 1 1	5 - Refundable Credits (write the code and amount Renewable commercial energy systems	Code 4 6 4 7	h refundable credit, see page 15)  Mineral production withholding	• 41	
Part	5 - Refundable Credits (write the code and amount Renewable commercial energy systems Targeted business tax credit Special needs adoption credit	Code 4 6 4 7	h refundable credit, see page 15)  Mineral production withholding Agricultural off-highway gas/undyed diesel	• 41	

Attach completed schedule to your 2007 Utah Income Tax return

## Attach completed schedule to your 2007 Utah Income Tax return

Taxpayer last name Taxpayer social security number **JOHNSON** 400-00-5208

### **Credit for Income Tax Paid to Another State**

TC-40A Rev. 12/07

Part-year residents rarely qualify for this credit. Nonresidents do not qualify for this credit. See instructions on page 12. Part-year resident: A taxpayer who is domiciled in Utah for part of the year and domiciled in a state, other than Utah, for part of the year, may only claim credit on the portion of income: (1) subject to both Utah tax and tax in the other state, (2) received while domiciled in Utah, and (3) included in "Column A-Utah Income" on TC-40C. Also see Part-Year Resident Defined on page 2 of instructions.

NOTE: You cannot file electronically if claiming credit for taxes paid to more than one state.

If you claim credit for tax paid to more than one state, complete a TC-40A for each state and enter the sum of the credits on TC-40S, Part 4 using code 17.

Federal adjusted gross income taxed by Utah and the state of:      Federal adjusted gross income from federal return (see line 4a instructions on page 5)	1	\$ 22,963 77,039			Line 3 cannot be greater than 1.0000
3. Ratio of other state gross income to total income (divide line 1 by line 2 and round to 4 decimal places)				3	0.2981
4. Utah income tax (line 14 on front of return)	4	3,044	00		
5. Credit limitation (multiply line 4 by decimal on line 3)	5	907	00		
6. Actual income tax paid to state shown on line 1. Part-year residents must prorate the tax paid to another state. The credit only applies to the portion of the actual taxes paid on income taxed in	6	613	00		
Utah and the other state shown.				_	
7. Credit for taxes paid to another state (line 5 or 6, whichever is less). Enter on TC-40S, Part 4, using coc	e 17			7	\$ 613 <b>00</b>
Keen a signed conv of the other state(s) income tax return for your records					

Keep a signed copy of the other state(s) income tax return for your records.

4	Λ	Λ	7	6

# Non or Part-year Resident Utah Income Schedule

Taxpayer last name Taxpayer social security number

	raxpayor last riame		raxpayor ooolar oooan					
Residency status:	Nonresident. Home state abbreviation:	Part-year Utah resident from _	// 07 to	// 07				

### Column A - UTAH INCOME AND ADJUSTMENTS

**INCOME:** Enter all income or loss 1) earned or received from Utah sources while not a Utah resident, plus 2) earned or received from all sources while a Utah resident, even if not from a Utah source.

**ADJUSTMENTS:** Enter each adjustment applicable to Utah income. This includes payments to qualified IRA or self-employed retirement plans, alimony paid while a Utah resident, moving expenses when moving into Utah, etc.

#### Column B - FEDERAL INCOME AND ADJUSTMENTS

**INCOME:** Enter the amount of income in this column from all sources, as found on your federal return, as noted below.

**ADJUSTMENTS:** Enter the amount of each adjustment applicable to federal income, as found on your federal return, as noted below.

Nonresident Military Personnel Adjustment: Enter on line 30, Column B, the amount included on line 1, Column B, that is active duty military pay.

INCOME	COLUMN A - UTAH	1.1	COLUMN B - FEDERAL	
1. Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	010	00		00
2. Taxable interest income (1040/1040A line 8a, 1040EZ line 2)	64 ()	00		00
3. Ordinary dividends (1040/1040A line 9a)	4914	00		00
4. Taxable refunds, credits, or offsets of state and local income taxes (1040 line 10)	Cr	00		00
5. Alimony received (1040 line 11)		00		00
6. Business income or (loss) (1040 line 12) · · · · · · · · · · · · · · · · · · ·	~1	00		00
7. Capital gain or (loss) (1040 line 13, 1040A line 10)		00		00
8. Other gains or (losses) (1040 line 14)		00		00
9. IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)		00		00
10. Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)		00		00
11. Rental real estate, royalties, part., S corp., trusts, etc. (1040 line 17)		00		00
12. Farm income or (loss) (1040 line 18)		00		00
13. Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)		00		00
14. Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)		00		00
15. Other income (1040 line 21)		00		00
16. Total income (add lines 1 through 15)		00		00
ADJUSTMENTS	COLUMN A - UTAH		COLUMN B - FEDERAL	_
17. Educator expenses (1040 line 23)		00		00
18. Certain business expenses (1040 line 24)		00		00
19. Health savings account deduction (1040 line 25)		00		00
20. Moving expenses (1040 line 26 - column A, only expenses moving into Utah)		00		00
21. One-half of self-employment tax (1040 line 27)		00		00
22. Self-employed SEP, SIMPLE, and qualified plans (1040 line 28)		00		00
23. Self-employed health insurance deduction (1040 line 29)		00		00
24. Penalty on early withdrawal of savings (1040 line 30)		00		00
25. Alimony paid (1040 line 31a)	r .	00		00
26. IRA deduction (1040 line 32, 1040A line 17)		00		00
27. Student loan interest deduction (1040 line 33, 1040A line 18) · · · · · · · ·		00		00
28. Tuition and fees deduction (1040 line 34, 1040A line 19)		00		00
29. Domestic production activities deduction (1040 line 35) · · · · · · · · · ·		00		00
30. Nonresident military active duty pay included on line 1 column B (page 9)				00
31. Total adjustments (add lines 17 through 30)		00		00
32. Subtract line 31 from line 16 for both COLUMNS A and B. COLUMN B total must equal the FAGI amount on TC-40, line 4a (unless line 30 is completed).		00		00
Attach this completed SCHEDULE to your Utah tax return.	Enter this total on	,	Enter this total on	

TC-40, line 15, "Box a"

TC-40, line 15, "Box b"

£ 1040		artment of the Treasury—Internal Revenue S. Individual Income Tax R	4////	7	(99) IRS Use	Only—Do n	ot write or	staple in this	space.	
	$\overline{}$	or the year Jan. 1-Dec. 31, 2007, or other tax year be		07, en	ding ,	20	0	MB No. 154	5-0074	
Label	Y	our first name and initial	Last name				Your s	ocial securi	ty numb	oer
(See L		HOMAS R	JOHNSON				400	00	52	08
instructions on page 16.)	3 If	a joint return, spouse's first name and initial	Last name				Spous	e's social se	curity n	umber
Use the IRS		ESSIE D	JOHNSON				400	00	52	28
label.	H	ome address (number and street). If you have	a P.O. box, see page 1	6.	Apt. n	o	AY	ou must e	nter	A
Otherwise, please print or type.		11 JONATHAN PARK DR ity, town or post office, state, and ZIP code. I	If you have a foreign add	dress.	see page 16.			our SSN(s)		_
		SOUTH JORDAN UT 84212	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Wash	)		ng a box be your tax or		
Presidential Flection Campaid		Check here if you, or your spouse if filing	g jointly, want \$3 to	go to	this fund (see c	age 16)	-	You 🗆	Spous	
	1		3 11, 1	4	Head of housel					
Filing Status		<ul> <li>✓ Single</li> <li>✓ Married filing jointly (even if only on</li> </ul>	as had income)	4	the qualifying p					
		Married filing separately. Enter spot		550	this child's nam	and the second		t not your oc	portaorii	t, oritor
Check only one box.	3	and full name here. ▶	use's 33IN above	5	Qualifying wide	J019791	_	dent child (s	see pag	e 17)
OHO DON	68		ou as a dependent	-	4000	100	1	Boxes che	cked	2
Exemptions	ŀ		ou as a dependent,		or check box ou	N. W.	: :}	on 6a and No. of chile		
			(2) Dependent's	_	(3) Dependent's	(4) vif qu		on 6c who		3
		(1) First name Last name	social security num		relationship to	child for c credit (see )		<ul> <li>lived wit</li> <li>did not li</li> </ul>		
		JOHN JOHNSON	400 01 0	000	SON		1	you due to	divorce	
If more than four		JILL JOHNSON	400000000000000000000000000000000000000	000	DAU			or separation (see page 2		
dependents, see		SUE JOHNSON	The second second	000	DAU			Dependents		
page 19.					27.10			not entered	Г	
		Total number of exemptions claimed		-				Add numb		5
-		(I) 450 B	/-\ \\\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\				7			
Income	7	Wages, salaries, tips, etc. Attach Form  Taxable interest. Attach Schedule B					8a			
	8			8	b l	1				
Attach Form(s) W-2 here. Also		Tax-exempt interest. Do not include Ordinary dividends. Attach Schedule					9a			
attach Forms	9:	그 사용하다 하는 것은 나는 사람들이 되었다.		9	b	1	0.0			
W-2G and			f atata and least inco	-		24)	10			
1099-R if tax was withheld.	10	Taxable refunds, credits, or offsets of	i state and local inco	me ta	axes (see page 2	.4)	11			
was withheld.	11	Alimony received	hadula C or C E7				12			
	12	Capital gain or (loss). Attach Schedul				· -	13			
If you did not	13	Other gains or (losses). Attach Schedul		requ	illed, Check here		14			
If you did not get a W-2,	14	145-		h Tay	able amount (see	0200 251	15b			
see page 23.	15:	The distributions			able amount (see		16b			
e	16:	Tensions and armando					17	-	77039	
Enclose, but do not attach, any	17	Rental real estate, royalties, partnersh		rusts,	etc. Attach Sch	edule E	18			
payment. Also,	18	Farm income or (loss). Attach Schedu	шег				19			
please use	19	Unemployment compensation Social security benefits . 20a		h Tay	able amount (see	nage 27)	20b			
Form 1040-V.	21	Other income. List type and amount			All the same of the same of the same of	page 21)	21			
	22	Add the amounts in the far right colum	n for lines 7 through 2	1. Th	is is your total in	come ▶	22		77039	
	23	_/		2		-10				
Adjusted		Certain business expenses of reservists, r								
Gross	24	fee-basis government officials. Attach Fo		2	4					
Income	25	Health savings account deduction. At		2						
	26	Moving expenses. Attach Form 3903		2	6	- 1				
	27	One-half of self-employment tax. Attac		2	7		W )			
	28	Self-employed SEP, SIMPLE, and qui		2	8		-			
	29	Self-employed Ser, Silvine, and qui		2						
	30	Penalty on early withdrawal of saving	The state of the s	3						
	31			31						
	32	IRA deduction (see page 31)		3			1			
	33	Student loan interest deduction (see		3			1 6			
	34	Tuition and fees deduction. Attach Fo		3			11.79			
	35	Domestic production activities deduction			5		Dec.			
	36	Add lines 23 through 31a and 32 thro					36			
	37	Subtract line 36 from line 22. This is			ome		37		77039	

Form 1040 (2007)								P	age 2
Tax	38	Amount from line 37 (adjusted gross income)				38		77039	
and	39a	- 1980; 1981 C.	d. Total	l havan	(6)				
Credits	394	if: Spouse was born before January 2, 1943, Blind	1		202				
		(	,		ALCOHOL: NAME OF THE PARTY OF T				
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see p			100, 200	40		10700	
for—	40	Itemized deductions (from Schedule A) or your standard deductions	ction (see	e leit ma	argin).	41		66339	
People who	41	Subtract line 40 from line 38	and the					00000	-
checked any	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of	J07/05/ 74	0.00		42		17000	
box on line 39a or 39b or	1460					43	_	49339	
who can be claimed as a	43	Taxable income. Subtract line 42 from line 41. If line 42 is more			AUT. 1975 1985.	44	-	6618	_
dependent,	44	Tax (see page 36). Check if any tax is from: a Form(s) 8814 b Form	orm 4972	С	Form(s) 8889	200		0010	
see page 34.	45	Alternative minimum tax (see page 39). Attach Form 6251	- 46		10 - 13	45		0040	-
<ul><li>All others:</li></ul>	46	Add lines 44 and 45				46		6618	_
Single or	47	Credit for bring and dependent care expenses. Attach 1 of the 24-41	47	- 114	0				
Married filing separately,	48	Oredit for the elderly of the disabled. Attach defleddie 11.	48	1		100			
\$5,350	49	Education credits. Attach Form 8863	49			(C-1)			
Married filing	50	Residential energy credits. Attach Form 5695	50						
jointly or	51	Foreign tax credit. Attach Form 1116 if required	51						
Qualifying widow(er),	52	Child tax credit (see page XX). Attach Form 8901 if required	52						
\$10,700	53		53			100			
Head of	54	Credits from: a Form 8396 b Form 8859 c Form 8839	54			11			
household, \$7,850	55	Other credits: a Form 3800 b Form 8801 c Form	55			200			
W7,000	56	Add lines 47 through 55. These are your total credits				56			
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter				57		6618	
2000	58	Self-employment tax. Attach Schedule SE				58			
Other	59	Unreported social security and Medicare tax from: a  Form 4137	h D F	orm 89	110	59			
Taxes	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach				60			
		Advance earned income credit payments from Form(s) W-2, box			quired	61			
	61 62	Household employment taxes. Attach Schedule H				62			
	63	Add lines 57 through 62. This is your total tax				63		6618	
			64						
Payments	64	rederal income tax withheld from rolling w 2 and 1000	65		5000				
	65	2007 estimated tax payments and amount applied from 2000 return	66a		3000				
If you have a qualifying	66a	Earned income credit (Ero)	ooa			1			
child, attach	b	Nontaxable combat pay election ▶ 66b	07			4.1			
Schedule EIC.	67	Excess social security and tier i fill in tax withheld (see page oo)	67	-	-				
	68	Additional child tax credit. Attach Form 6612	68						
	69	Amount paid with request for extension to me (see page ou)	69						
	70	Payments nom. a Drom 2400 b D Tom 4100 c D Tom 6000 .	70			40 1			
	71	Refundable credit for prior year minimum tax from Form 8801, line 27	71			1000			
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total p	ayments			72		5000	
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is				73			
Direct deposit?	74a	Amount of line 73 you want refunded to you. If Form 8888 is att	tached, c	heck he	ere 🕨 🗌	74a			
See page 61	▶ b	Routing number	☐ Check	king [	Savings	10-00			
and fill in 74b, 74c, and 74d,	▶ d	Account number							
or Form 8888.	75	Amount of line 73 you want applied to your 2008 estimated tax ▶	75						
Amount	76	Amount you owe. Subtract line 72 from line 63. For details on ho	ow to pay	, see p	age 62 ▶	76		1618	
You Owe	77	Estimated tax penalty (see page 62)	77						E
Third Party	Do	you want to allow another person to discuss this return with the IR	RS (see pa	age 63)	? Yes.	Comple	te the fol	lowing.	☐ No
		signee's Phone		Pe	rsonal identifi	cation			
Designee		me ▶ no. ▶ ( )			mber (PIN)				
Sign		der penalties of perjury, I declare that I have examined this return and accompany							
Here	be	ief, they are true, correct, and complete. Declaration of preparer (other than taxpa)			niormation of v				age.
Joint return?	Yo	ur signature Date Your o	occupation	n		Daytin	me phone	number	
See page 17.	A					(	)		
Keep a copy	Sp	ouse's signature. If a joint return, both must sign. Date Spous	se's occup	oation			3	3 19	10
for your records.	/	A STATE OF THE PARTY OF THE PAR				12			
	D-	Date Date		6:	. AV	Prepa	rer's SSN	or PTIN	
Paid		parer's nature		Check self-e	r if				
Preparer's	Fir	m's name (or			EIN	1			
Use Only	yo	urs if self-employed). dress, and ZIP code			Phone no.	(	)		
	uu	THE PARTY OF THE P				-			

Form 1040 (2007)